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Bell Laboratories, Inc.
3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-9631 / www.belllabs.com

19 August 2013

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekena Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
Transmittal Date:	August 19, 2013	Submission:	Voluntary Incident Report

Reportable Substance(s):

Product	EPA Reg. #
.	
Tomcat Mouse Killer X	12455-138-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekena
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***1213886***
	Address ***Grosse Pointe, MI 48236*** ***USA***		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Grosse Pointe, MI*** ***USA*** ***05/25/2013***	Date registrant became aware of incident. ***07/25/2013***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***12455-138-3240***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Tomcat Mouse Killer X (refillable bait station)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***wax block***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Brief description of incident circumstances.

O'Rourke, Carrie Jul 25 2013 1:23PM
Hx. Caller states that her brother may have put this product out around their home 2 months ago without wearing gloves. Within the past two months, [redacted] has had bad headaches and photophobia that cannot be completely diagnosed. Caller states that her brother has under gone 'numerous' amounts of tests to try and come up with a diagnosis. The closest the MDs have come was saying that it was a nerve issue problem. [redacted] has been given Lyrica to help with the pain. Caller wishes to know if handling the product (possibly) without gloves would contribute to his sxs. Confirmed product with EPA.

A. No, I would not expect this outcome from handling the product without gloves. I will have this documented and reported onto the manufacturer of the product. Rec. continuing under MD care to completely diagnose the condition. Provided case # and callback #. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7.
* * * * * * * * * * * * * * * * * *
Anderson, Traci Jul 25 2013 2:59PM
Reviewed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 43 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Sporadic onset of multiple symptoms</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Neurological-Headache
Ocular-Photophobia</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
IIC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1213886</td></tr>
</table>